

Evidence for change of
birth date shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

HWM No. G 117 AUG 24 1948 CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City Rural Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?
Hospital, institution, or street address where death occurred:

Shinden Halls

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Md. County Frederick
City Rural Frederick
(If outside city or town limits, write RURAL and give nearest town)
Street No. Shinden Halls
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Thomas J. Altman

3. (b) Social Security Number

none

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married

8. (b) Name of husband or wife Jennie Jacobs Altman 8. (c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) Jan. 27, 1877 1867

8. AGE: Years 81 Months 6 Days 12 If less than one day

9. Birthplace Middletown, Frederick Co., Md.
(Town, county, and state)

10. Usual occupation farmer

11. Industry or business

12. Name Jacob Altman

13. Birthplace Middletown, Md.

14. Maiden name Maria Hiles

15. Birthplace Middletown, Md.

16. Informant Mrs. Jennie Altman

Address Frederick, Md.

17. Burial Date thereof Aug. 12, 1948
(Burial, cremation, or removal. Which) (month) (day) (year)

Cemetery or Mt. Olivet Cemetery

Location Frederick Md.

18. Funeral director Shadhill Co.

Address Middletown, Md.

19. Aug 12 1948 Elizabeth G. Heck
(Data rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 9 19 48 at 1:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 7 19 48 to Aug 9 19 48 and that I last saw him alive on Aug 9 19 48

Immediate cause of death Coronary thrombosis DURATION 12 hrs

Due to arterio sclerosis 27+5

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B. Thacker

Address Frederick, Md. Date signed 8/11/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

STATE OF MARYLAND

James M. Smith

DATE OF DEATH

James M. Smith

James M. Smith

James M. Smith

James M. Smith

James M. Smith

James M. Smith

RECEIVED
AUG 14 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In the correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08352

Reg. Diat. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick Rural Route #5
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Frederick Rural Route #5
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

Jennie H. Baker

3. (b) Social Security Number

None

4. Sex <u>Female</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Widowed</u>	
6. (b) Name of husband <u>George F. Baker</u>		6. (c) If alive, give age _____ years	
T. Birth date of deceased (mo., day, yr.) <u>November 26-1879</u>			
8. AGE: Years <u>68</u>	Months <u>8</u>	Days <u>16</u>	If less than one day _____ hrs. _____ min.
9. Birthplace <u>Frederick County Maryland</u> (Town, county, and state)			
10. Usual occupation <u>Housekeeper</u>			
11. Industry or business <u>Home</u>			
FATHER	12. Name <u>George Hoffman</u>		
	13. Birthplace <u>Frederick County Md.</u>		
	14. Maiden name <u>Charlotte Trout</u>		
MOTHER	15. Birthplace <u>Frederick County Md.</u>		
	16. Informant <u>Mrs. Henry Metz</u> Address <u>Frederick Route #5 Maryland</u>		
17. Burial <u>Mount Olivet Cemetery</u> (Burial, cremation, or removal, which) Cemetery or crematory <u>Frederick, Maryland</u> Location <u>C.E. Cline and Son</u> 18. Funeral director <u>Frederick, Maryland</u> Address			
19. <u>13-Aug</u> 19 <u>48</u> <u>Elizabeth L. Hacks</u> (Date rec'd by registrar) Registrar			

MEDICAL CERTIFICATION

20. DATE OF DEATH <u>August 11th</u> 19 <u>48</u> <u>10:30 P.M.</u>	
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from <u>Aug 11</u> 19 <u>48</u> to <u>Aug 11</u> 19 <u>48</u> and that I last saw her alive on <u>Aug 11</u> 19 <u>48</u>	
Immediate cause of death	DURATION
<u>Cardiovascular disease</u>	<u>2 yrs</u>
Due to	
Due to	
Other conditions	
(Include pregnancy within 3 months of death)	
Major findings of operations	Date of op.
Autopsy results	
PHYSICIAN: Please underline the cause to which death should be charged statistically.	
22. VIOLENCE: If death was due to external causes, fill in the following:	
Accident, suicide, or homicide	Date of
Where did injury occur? <u>None</u> (City or town) (County) (State)	
Injured at home, farm, industry, public place (where?)	
Means of injury	Injured at work?
23. SIGNATURE <u>E. Harp</u>	M. D. or other
Address <u>Frederick</u>	Date signed <u>7-12-48</u>



PLEASE WRITE PLAINLY, WITHOUT FADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08353

Reg. Dist. No. 134

1. PLACE OF DEATH:

County Frederick
 City or town Emmitsburg Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 50 yrs
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants, give residence of mother)
 State Maryland County Frederick
 City or town Emmitsburg Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. About 4 miles east
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____

3. (a) FULL NAME

James H. Birely

3. (b) Social Security Number

none

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Annie E. Stambaugh Birely
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Feb. 25, 1872
 8. AGE: Years 76 Months 5 Days 9 If less than one day _____ hrs. _____ min.

9. Birthplace Frederick County
 (Town, county, and state)
 10. Usual occupation Farmer
 11. Industry or business _____
 12. Name Thomas Birely
 13. Birthplace Md
 14. Maiden name Mary B. Hahn
 15. Birthplace Md

16. Informant Annie Stambaugh Birely
Emmitsburg, Md. R#2
 Address _____
 17. Burial Date thereof Aug. 6, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Keyville
 Location Keyville, Md.
G.O. FUSS & SON
 18. Funeral director Taneytown, Md.
 Address _____

19. Aug 4 19 48 M. F. Shuff
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 2 19 48 at 2 P. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 18 19 48 to Aug 2 19 48
 and that I last saw him alive on Aug 2 19 48
 Immediate cause of death congestive cardio
vascular disease DURATION 2 mo.
 Due to myocardial degeneration 10 yrs
 Due to arteriosclerosis several yrs
 Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____
 Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____
 23. SIGNATURE H. F. Cadle M.D.
Emmitsburg M. D. or other 8-3-48
 Address _____ Date signed _____

RECEIVED

AUG 11 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08354

137a

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital
Since Aug. 10, 1948

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Pennsylvania County York

City or town York
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 325 East College Avenue
 (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME

Ruben Walter Bohm

3.(b) Social Security Number

187-10-8829

4. Sex

Male

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

Lottie Renner

7. Birth date of deceased (mo., day, yr.)

November 10, 1895

6.(c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

7297

hrs.

min.

9. Birthplace

Frederick County Maryland

(Town, county, and state)

10. Usual occupation

Mgmt. Watchman

11. Industry or business

Ruben Bohm

MOTHER

FATHER

12. Name

Ruben Bohm

13. Birthplace

Frederick County Maryland

14. Maiden name

Alice Wentz

15. Birthplace

Frederick County Maryland

16. Informant

Roy E. Bohm

Address

357 S. Queen St., York, Pa.

17. Burial

Beaver Dam Cemetery

Cemetery or removal (which?)

Near Union Bridge, Md.

Location

M. R. Elchison & Son

18. Funeral director

Frederick, Maryland

Address

Frederick, Maryland27-Aug 1948Elizabeth G. HeckRegistrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 27 19 48, at 3:15 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug. 10 19 48, to Aug. 27 19 48and that I last saw him alive on Aug. 27 19 48

Immediate cause of death

Uraemia

DURATION

1 Wk

Due to

Due to

Other conditions

Prostatitis

(Include pregnancy within 3 months of death)

Major findings of operations Hypertrophied prostate, acute retention

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

E. P. Thomas, M.D.

M. D. or other

Address Frederick, Md. Date signed Aug. 27-48

RECEIVED
SEP 1 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
City or town State Sanatorium
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 mo.
Hospital, institution, or street address where death occurred:
Mary; and Tuberculosis Sanatorium
How long in hospital or institution? 1 mo.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Balto - City
City or town Baltimore, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1221 Ensor St.
(If rural, give LOCATION)
2.(a) If veteran, name war ✓

3. (a) FULL NAME

F r a n B o w e r s

3. (b) Social Security Number

218-18-1085

4. Sex ma le 5. Color or race white 6.(a) Single, married, widowed, or divorced Ma rried

6.(b) Name of husband or wife Thelam Bowers

7. Birth date of deceased (mo., day, yr.) 8/26/07 6.(c) If alive, give age 33 years

8. AGE: Years 40 Months 11 Days 21 If less than one dayhrs.min.

9. Birthplace Baltimore, Md.
(Town, county, and state)

10. Usual occupation Bartender

11. Industry or business

12. Name Louis Bowers

13. Birthplace Maryland

14. Maiden name A manda Shipley

15. Birthplace Maryland

16. Informant Deceased

Address

17. Burial Date thereof Aug 9, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Moreland Cemetery

Location Moreland Baltimore Md.

18. Funeral director M.F. Creager & Son.

Address Thurmont, Md.

19. 6 19 48
Date registered by registrar Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH August 5 19 48 at 9:30 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6/30/48 19 48 to 8/5 19 48
and that I last saw him alive on 8/5 19 48

Immediate cause of death Pulmonary Tuberculosis DURATION 6 mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. W. Ballin M. D. at

Address State Sanatorium, Md. Date signed 8/6/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

T

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 7 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 131

08356

552

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 46 years

Hospital, institution, or street address where death occurred:
111 South Market Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 111 South Market Street
(If rural, give LOCATION)

2.(a) Is veteran, name war None

3. (a) FULL NAME

JESSE WILBUR BROWN

3. (b) Social Security Number

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced M

6.(b) Name of husband or wife Francis Ann Hobbs

6.(c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) September 5, 1874

8. AGE: Years 73 Months 11 Days 22 It less than one day
..... hrs. min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business Railway Conductor

12. Name Jesse William Brown

13. Birthplace Westerly, R. I.

14. Maiden name Amelia Kennedy

15. Birthplace Annapolis, Maryland

16. Informant Mrs. Francis Brown

Address 111 S. Market St., Frederick, Md.

17. Burial Date thereof 8/30/48
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or ~~cemetery~~ Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 30 Aug 19 48 Elizabeth H. Hersh
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH August 27, 1948 at 10:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 24 1948 to Aug 27 1948
and that I last saw him on alive on Aug 27 1948

Immediate cause of death Carcinoma, neck DURATION 8 yrs.

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W. Kline M. D.

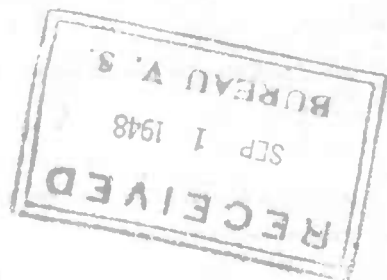
Frederick, Maryland M. D. or other

Address Frederick, Maryland Date signed 8-30-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 50 yrs.Hospital, institution, or street address where death occurred:
6 Water St

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 6 Water St.
(If rural, give LOCATION)2. (a) If veteran, name war none

3. (a) FULL NAME

Charles Curtis Burdette

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Bertha Sulcer7. Birth date of deceased (mo., day, yr.) Dec. 18, 1877 6. (c) If alive, give age 64 years8. AGE: Years 70 Months 7 Days 3 It less than one day hrs. min.9. Birthplace Frederick Co., Md.
(Town, county, and state)10. Usual occupation Laborer11. Industry or business Corp of Frederick, Streets12. Name Charles Burdette13. Birthplace Fred. Co., Md.14. Maiden name Christine Cook,15. Birthplace Fred. Co. Md.16. Informant Mrs. Bertha S. BurdetteAddress 6 Water St., Frederick, Md.17. burial Date thereof 8 / 3 / 48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mt. Olivet Cemetery,Location Frederick, Md.18. Funeral director M. R. Etchison & Son,Address Frederick, Md.19. 2 Aug. 1948 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 1 August 1948 at 3:10 A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from NEVER 1948 to 1948
and that I last saw him live on 1 August 1948Immediate cause of death ARTERIO-SCLEROTIC HEART DIS. DURATION 11 Mos.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles H. Conley, M.D. M.D. or otherAddress Frederick, Md. Date signed 8/1/48.

08357

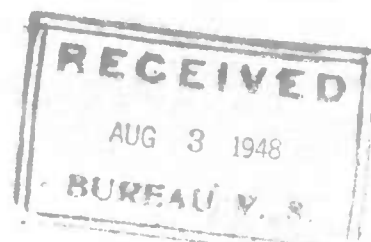
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131

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

08358

46b

1. PLACE OF DEATH:

County FrederickCity or town Frederick - Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Lifetime

Hospital, institution, or street address where death occurred:

MontevueHow long in hospital or institution? 2 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 400 Block West Patrick Street
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

MISS ALICE CRAMER

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 718638. AGE: Years 85 Months ? Days ? If less than one day
..... hrs. min.9. Birthplace Frederick County, Maryland
(Town, county, and state)10. Usual occupation Retired

11. Industry or business

12. Name John P. Cramer13. Birthplace Frederick County, Maryland14. Maiden name Margaret Cane15. Birthplace Frederick County, Maryland16. Informant Mr. Ezra CramerAddress Frederick, Maryland17. Burial Date thereof August 18, 1948
(Burial, cremation, or removal, which) (month) (day) (year)Cemetery or ~~cemetery~~ Mount Zion CemeteryLocation Nr. Feagaville, Maryland18. Funeral director C. E. Cline & SonAddress Frederick, Maryland19. 16 Aug 1948 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 15th 1948 at 10:10 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
April 10 1946 to Aug. 15 1948
and that I last saw him alive on Aug. 15 1948Immediate cause of death Carcinoma stomach DURATION 6 months

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

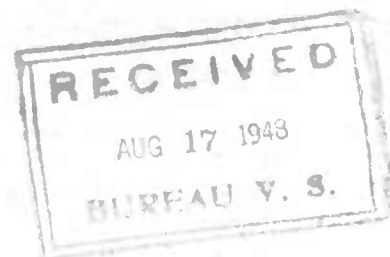
22. VIOLENCE: If death was due to external causes, till in the following:
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Bernard Thomas M.D.Address Frederick, Md. Date signed 8/16/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

7 Years

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

Since August 1, 1948

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 16 West 13th Street
 (If rural, give LOCATION)

2.(a) If veteran, name war

None

3. (a) FULL NAME

ANNA ARDENE CRAMER

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced W

6.(b) Name of husband or wife Grayson D. Cramer

7. Birth date of deceased (mo., day, yr.) November 27, 1873 6.(c) If alive, give age..... years

8. AGE: Years 74 Months 8 Days 5 If less than one day
 hrs. min.

9. Birthplace Walkersville-Frederick-Maryland
 (Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name Plummer Ijams Riggs13. Birthplace Frederick County Maryland14. Maiden name Mary Wood15. Birthplace Frederick County Maryland16. Informant Mrs. Louis G. RennAddress 16 W. 13th St., Frederick, Md.17. Burial Burial Date thereof 8/4/48

(Burial, cremation, or other) (month) (day) (year)

Cemetery or crematory Glade CemeteryLocation Walkersville, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 3 Aug 1948 Elizabeth H. Hark

(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1st 1948 at 10:50P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 1 1948 to Aug 1 1948and that I last saw him alive on Aug 1 1948

Immediate cause of death..... DURATION

Heart Coronary Thrombosis 1 day

Due to.....

Due to ArteriosclerosisOther conditions Cerebral ThrombosisProximal Aneurysm 1 yr.

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE A. A. Pearce M. D.Address Frederick, Maryland M. D. or otherDate signed 8-2-48

RECEIVED

AUG 5 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:

County.....**Frederick**
 City or town.....**Thurmont**
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....**Life**
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State.....**Maryland** County.....**Frederick**
 City or town.....**Thurmont**
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....**none** (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

MARTIN LUTHER CREAGER

3. (b) Social Security Number

none

4. Sex.....**Male** 5. Color or race.....**White** 6.(a) Single, married, widowed, or divorced.....**Married**
 6.(b) Name of husband or wife.....**Mary H. Wisotzkey**
 6.(c) If alive, give age.....**81** years
 7. Birth date of deceased (mo., day, yr.).....**May 5, 1866**
 8. AGE: Years.....**82** Months.....**3** Days.....**20** If less than one day..... hrs. min.

9. Birthplace.....**Thurmont Frederick Co. Md.**
 (Town, county, and state)
 10. Usual occupation.....**Retired**

11. Industry or business.....**Funeral Director**

MOTHER FATHER 12. Name.....**James Creager**
 13. Birthplace.....**Md. Thurmont, Md.**

14. Maiden name.....**Phoebe E. Firor**

15. Birthplace.....**Thurmont, Md.**

16. Informant.....**Mrs. M. L. Creager**
 Address.....**Thurmont, Md.**

17. Burial Date thereof.....**Aug. 28, 1948**
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory.....**Blue Ridge**
 Location.....**Thurmont, Md.**

18. Funeral director.....**M. L. Creager & Son**

Address.....**Thurmont, Md.**

19. **Aug. 28** 19**48** **Blanchie L. Eyles**
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....**August 25** 19**48** at **1:00 P.**
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **July 1** 19**48** to **Aug. 25** 19**48**
 and that I last saw him alive on **Aug. 25** 19**48**

Immediate cause of death.....**Cerebral Thrombosis** DURATION.....**14 hrs.**

Due to.....**Arteriosclerosis**

Due to.....

Other conditions.....**Chronic myocarditis**
Chronic arthritis
 (Include pregnancy within 3 months of death)

Major findings of operations.....**none**

Autopsy results.....**not done**
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury..... Injured at work?

23. SIGNATURE.....**M. L. Creager** M. D. or other
 Address.....**Thurmont, Md.** Date signed.....**8/26/48**

08360

93d

MARGIN RESERVED FOR BINDING

I

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

RECEIVED

AUG 31 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

08362

61

1. PLACE OF DEATH:

County Fredrick
City or town Fredrick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 1/2 hours
Hospital, institution, or street address where death occurred:
Fredrick Memorial Hospital
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Md. County Fredrick
City or town Thurmont
(If outside city or town limits, write RURAL and give nearest town)
Street No. Lombard
(If rural, give LOCATION)
2.(a) If veteran, name war no

3. (a) FULL NAME

Creeger Mrs Effie D.

3. (b) Social Security Number

no

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Wesley Creeger 6.(c) It also give age no years

7. Birth date of deceased (mo., day, yr.) September 23, 1866

8. AGE: Years 81 Months 10 Days 16 If less than one day no hrs. no min.

9. Birthplace Thurmont, Fredrick Co. Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Augustus M. William

13. Birthplace Maryland

14. Maiden name Sarah M. Miller

15. Birthplace Maryland

16. Informant Mrs Margaret Creeger

Address Thurmont, Md.

17. Burial Date thereof Aug. 11, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory United Brethren

Location Thurmont, Md.

18. Funeral director M. L. Creeger & Son

Address Thurmont, Md.

19. 11 Aug 1948 Elizabeth H. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 9 1948 at 5:15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 9 1948 to Aug. 9 1948 and that I last saw him alive on Aug. 9 1948

Immediate cause of death

Diphtheria Coma

Due to

Acute Cholelithiasis

Other conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE A. A. O'Connell M.D.

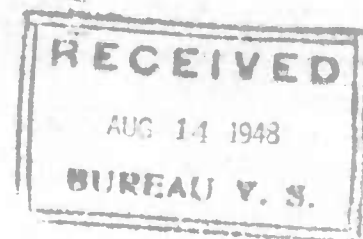
Address Fredrick, Md. Date signed 8/9/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

08827

SO 137

1. PLACE OF DEATH:

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

County

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

MEDICAL CERTIFICATION

20. DATE OF DEATH August 4 1948 at 2:15 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 3 1948 to Aug 4 1948

and that I last saw him alive on Aug 4 1948

Immediate cause of death

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, pub'c place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Union Bridge Date signed 8-5-48

6. (b) Name of husband or wife Sarah E. Hewilbiss

7. Birth date of

deceased (mo., day, yr.)

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

It less than one day

87

10

19

hrs.

min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal. Which?)

Date thereof

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

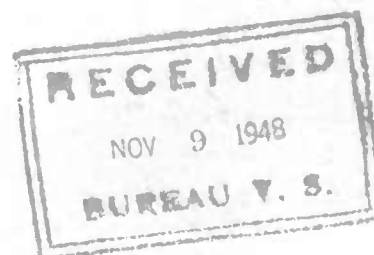
Registrar

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County... Frederick
City or town... State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 6/25/48
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? Since 6/25/48

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State... Maryland County...
City or town... Baltimore
(If outside city or town limits, write RURAL and give nearest town)
Street No. 3429 Clifftmont Ave.
(If rural, give LOCATION)
2(a) If veteran, name war... No ✓

3. (a) FULL NAME

William B. Easton

3. (b) Social Security Number

None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife Veronica Easton

6. (c) If alive, give age 44 years

7. Birth date of deceased (mo., day, yr.) November 20, 1898

8. AGE:	Years	Months	Days	It less than one day
	<u>49</u>	<u>8</u>	<u>19</u>	hrs. min.

9. Birthplace... Staunton, Virginia
(Town, county, and state)

10. Usual occupation

Tavern Owner

11. Industry or business

William Easton

FATHER

12. Name... William Easton
13. Birthplace Staunton, Virginia

MOTHER

14. Maiden name... Lucy Brown
15. Birthplace Staunton, Virginia

16. Informant... Veronica Easton, Wife

Address 3429 Clifftmont Ave., Balto., Md.

17. Burial Date thereof 8/11/48
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery Greenmount

Location Baltimore, Maryland

18. Funeral director... W. J. Tickner & Sons

Address North & Penna Ave., Balto., Md.

19. Aug. 18 19 48
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... August 8 19 48 at 8:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 25 19 48 to Aug. 8 19 48 and that I last saw him alive on August 8 19 48

Immediate cause of death... Pulmonary Tuberculosis

DURATION

1 Yr.

Due to...

Due to...

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE... P. G. Baccin

M. D. WOODRICK

Address State Sanatorium, Md. Date signed 8/18/48

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 20 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

08363

1. PLACE OF DEATH

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 18 mo

Hospital, institution, or street address where death occurred:

Emtchleys Nursing HomeHow long in hospital or institution? 6 mo

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Libertytown
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Mary Pauline Etyler

3. (b) Social Security Number _____

4. Sex

F.

5. Color or race

W

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Earl W. Etyler

7. Birth date of deceased (mo., day, yr.)

Jan. 12, 1905

6. (c) If alive, give age

52 years

8. AGE:

Years

Months

Days

If less than one day

43711

hrs.

min.

9. Birthplace

Frederick Co. Md.
(Town, county, and state)

10. Usual occupation

House Wife

11. Industry or business

Own home

FATHER

12. Name

Chas. Edward Joy

13. Birthplace

Frederick Co. Md.

MOTHER

14. Maiden name

Mary E. Hark

15. Birthplace

Frederick Co. Md.

16. Informant

Earl W. Etyler

Address

Libertytown, Md.

17. Burial

Burial

18. Cemetery or crematory

Frederick

19. Location

Libertytown, Md.

20. Funeral director

Woodsboro, Md.

21. Address

Woodsboro, Md.

22. Date rec'd by registrar

24-August 1948

23. Signature

Elizabeth G. Wick

24. Address

Frederick, Md.

25. Date signed

8-24-48

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 23 1948 at 9:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 10 1947 to Aug 23 1948and that I last saw him alive on Aug 23 1948

Immediate cause of death

Cancer of uterus

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

B. O. Thomas

M. D. or other

Address Frederick, Md. Date signed 8-24-48

RECEIVED

AUG 26 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 137

1. PLACE OF DEATH:

County Frederick
 City or town Rural Walpersville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 59 yrs
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Rural Walpersville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

Thomas J. Fuller

3. (b) Social Security Number

4. Sex male 5. Color or race W 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Sallie A. Burrier
 7. Birth date of deceased (mo., day, yr.) Oct 31 1867 6. (c) If alive, give age 74 years
 8. AGE: Years 80 Months 9 Days 4 If less than one day _____ hrs. _____ min.

9. Birthplace Frederick County
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER 12. Name Daniel H. Fuller
 13. Birthplace Frederick County
 14. Maiden name Ellis V. Snyder
 15. Birthplace Frederick County

16. Informant Harry T. Fuller
 Address Walpersville Md

17. Burial Date thereof Aug 7 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Union Chapel

Location Libertytown

18. Funeral director E. C. Barton

Address Walpersville

19. Aug 6 19 48 Dec 1948
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 5 19 48 at 9 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 24 19 48 to Aug 5 19 48
 and that I last saw him alive on Aug 5 19 48

Immediate cause of death Apoplexy

DURATION

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

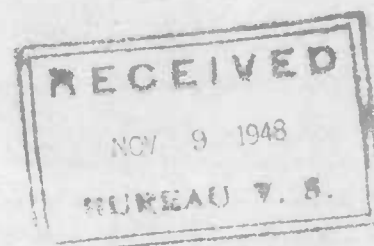
Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE C. E. Snyder M, D, or other _____

Address Walpersville Md Date signed _____



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08364

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Life

Hospital, institution, or street address where death occurred:

115 North Market Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 115 North Market Street

(If rural, give LOCATION)

2.(a) If veteran, name war

None

3. (a) FULL NAME

MARY CRAMER FROMKE

3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) <u>Single</u> , married, widowed, or divorced— <u>M</u>
--------------------	------------------------------	---

6. (b) Name of husband or wife Harry J. Fromke6. (c) If alive, give age 70 years7. Birth date of deceased (mo., day, yr.) February 19, 1879

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>5</u>	<u>12</u>	<u>2</u> hrs. <u>2</u> min.

9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)10. Usual occupation At Home

11. Industry or business

12. Name Arthur C. Lorentz13. Birthplace Frederick County Maryland14. Maiden name Catherine S. Cramer15. Birthplace Frederick County Maryland16. Informant Harry J. Fromke
Address 115 N. Market St., Frederick, Md.17. Burial Date thereof 8/13/48
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 12 Aug 1948 Elizabeth B. Hersh
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 11, 1948 at 3:55A M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Jan 1946 to Aug 11 1948
and that I last saw him alive on Aug 10 1948

Immediate cause of death

Carcinoma of uterus

DURATION

2 yearsDue to Secondary anemia

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

P. W. Bow

M. D.

M. D. or other

Address Frederick, MarylandDate signed 8-12-48

RECEIVED

AUG 14 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

59a

08365

Reg. Dist. No. 141

1. PLACE OF DEATH:

County Frederick
 City or town Brunswick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 25 years
 Hospital, institution, or street address where death occurred:
615 East D St.
 How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Brunswick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 615 East D St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3. (a) FULL NAME

Charles Samuel Giles

3. (b) Social Security Number

4. Sex Male 5. Color or race Col. 6.(a) Single, married, widowed, or divorced Single
 6.(b) Name of husband or wife.....
 6.(c) If alive, give age..... years
 7. Birth date of deceased (mo., day, yr.) Aug 30, 1922
 8. AGE: Years 25 Months 11 Days 6 If less than one day
hrs.min.

9. Birthplace Maryland
 (Town, county, and state)
 10. Usual occupation Day laborer none for the
Past 8 years
 11. Industry or business.....
 12. Name Charles Henry Giles
 13. Birthplace Maryland
 14. Maiden name Alice M. Monroe
 15. Birthplace Maryland

16. Informant Mrs. Alice M. Monroe
 Address Brunswick Md.
 17. Burial Date thereof Aug 9, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Mountain Cemetery
near Mt. Maryland
 Location.....
 18. Funeral director C. R. Fath & Co.
 Address Brunswick Md.

19. Aug 8 48 Kathryn H. Brown
 (Date rec'd by registrar) (month) (year) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 6, 1948 at 1:15 P.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1948 to Aug 6, 1948
 and that I last saw him alive on Aug 6, 1948
 Immediate cause of death myocardial infarction

DURATION
 Due to myocardial infarction
arteriosclerosis
 Due to arteriosclerosis
 Other conditions.....
 (Include pregnancy within 8 months of death)

Major findings of operations..... Date of op.....
 Autopsy results.....
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide..... Date of.....
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?).....
 Means of injury..... Injured at work?

23. SIGNATURE W. P. Smith MD
 Address Brunswick Md. Date signed 8-8-48
 M. D. or other

RECEIVED

AUG 12 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH:

County Frederick
City or town State Sanatorium, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Since 7/19/48
Hospital, institution, or street address where death occurred:
Maryland Tuberculosis Sanatorium
How long in hospital or institution? Since 7/19/48

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Allegany
City or town Cumberland
(If outside city or town limits, write RURAL and give nearest town)
Street No. R.F.D.4, Box 395
(If rural, give LOCATION)
2(a) If veteran, name war

3. (a) FULL NAME

Linnie B. Grabenstein

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
6. (b) Name of husband or wife xxx George A. Grabenstein
6. (c) If alive, give age 48 years
7. Birth date of deceased (mo., day, yr.) September 5, 1895
8. AGE: Years 52 Months 11 Days 3 If less than one day
.....hrs.min.

9. Birthplace Cumberland, Maryland
(Town, county, and state)
10. Usual occupation Housewife
11. Industry or business
12. Name Robert Adams
13. Birthplace Ft. Ashby, W. Va.
14. Maiden name Cora Long
15. Birthplace Maryland

16. Informant George A. Grabenstein, Husband
Address R.F.D.4, Box 395, Cumberland, Md.
17. Burial xxxxx Sts. Peter & Paul Cemetery
Date thereof 8/11/48
(Burial, cremation, or removal, Which?) (month) (day) (year)
Cemetery or crematory Cumberland, Maryland
Location Hafer Funeral Service
18. Funeral director Cumberland, Maryland
Address Aug. 18 1948
(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH August 8 1948 9:15A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 19 1948 to Aug. 8 1948
and that I last saw her alive on August 8 1948

Immediate cause of death Pulmonary Tuberculosis DURATION 18 Mos.

Due to
Due to
Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

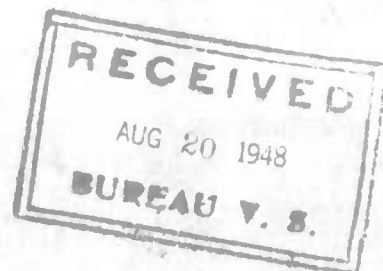
23. SIGNATURE R. G. Bellin M. D. or other xxx
Address State Sanatorium, Md. Date signed 8/18/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93d

08367

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 day

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County FrederickCity or town Brunswick
(If outside city or town limits, write RURAL and give nearest town)Street No. 7 3rd Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Lottie Regina Hedges

3. (b) Social Security Number

4. Sex Female5. Color or race White6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Anthony B. Hedges7. Birth date of deceased (mo., day, yr.) April 15 - 18806. (c) If alive, give age 78 years8. AGE: Years 68 Months 4 Days 14 It less than one day
.....hrs.min.9. Birthplace Pa.
(Town, county, and state)10. Usual occupation Housewife11. Industry or business None12. Name Unknown

13. Birthplace

14. Maiden name Leah Harmon15. Birthplace Pa.16. Informant Anthony B. HedgesAddress Brunswick Md.17. Burial Date thereof Sept 1 - 1948
(Burial, examination, or removal) (month) (day) (year)Cemetery or crematory Park HeightsLocation Brunswick Md.18. Funeral director C. A. Fule & SonAddress Brunswick Md.19. 30 Aug 1948 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 29 1948 at 10:55 AM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1945 to Aug 29 1948
and that I last saw him alive on Aug 28 1948Immediate cause of death Acute Pulmonary
exacerbation

DURATION

10 MINDue to Chronic Myocardial
decompensation - CoronaryDue to Coronary Dec.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

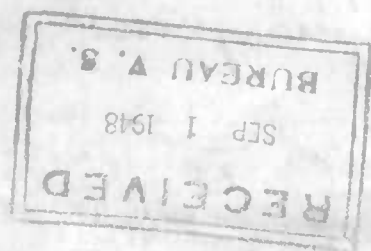
Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. P. Bruce M. D. or otherAddress Jefferson Date signed 8/29/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08368

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick-Rural R. F. D. #3
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10 years
Hospital, institution, or street address where death occurred:
Near Lewistown
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Frederick-Rural R. F. D. #3
(If outside city or town limits, write RURAL and give nearest town)
Street No. Near Lewistown
(If rural, give LOCATION)
None
2. (a) If veteran, name war

3. (a) FULL NAME

MATTIE ESTELLA HEDGES

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife Clinton E. Hedges

7. Birth date of deceased (mo., day, yr.) September 23, 1872 6. (c) If alive, give age 84 years

8. AGE: Years 75 Months 11 Days 8 If less than one day
.....hrs.min.

9. Birthplace Creagerstown-Frederick-Maryland
(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name George R. Shaw

13. Birthplace Montgomery County Maryland

14. Maiden name Carrie Warner

15. Birthplace Montgomery County Maryland

16. Informant Clinton E. Hedges

Address R. F. D. #3, Frederick, Maryland

17. Burial (Burial, cremation, or removal. Which?) 8/4/48
(month) (day) (year)

Cemetery or crematory Utica Cemetery

Location Near Lewistown, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 3 Aug 1948 Elizabeth H. Hedges
(Date rec'd by Registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 1st 1948 at 8:25P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 31st 1948 to August 1st 1948

and that I last saw her alive on August 1st, 1948

Immediate cause of death Cerebral hemorrhage

DURATION 24 hrs.

Due to Cardiovascular renal disease

Due to period of years

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. H. Conley M. D. XXXX

Address Frederick, Md. Date signed 8/2/48

CERTIFICATE OF DEATH

A FORM PREPARED BY THE DEPARTMENT OF HEALTH

DATE OF DEATH

1948

1948

RECEIVED
AUG 5 1948
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick Rural
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 1 day

Hospital, institution, or street address where death occurred:

Emergency HospitalHow long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 24A West All Saints St.
(If rural, give LOCATION)2.(a) If veteran, name war L

3. (a) FULL NAME

Charles Franklin Hicks

3. (b) Social Security Number

V4. Sex male 5. Color or race negro 6. (a) Single, married, widowed, or divorced Child

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) August 10, 1948 8. (c) If alive, give age _____ years8. AGE: Years _____ Month _____ Days 7 If less than one day _____ hrs. _____ min.9. Birthplace Frederick Co. Maryland
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Arthur Hicks13. Birthplace Frederick Co. Md.14. Maiden name James Hicks15. Birthplace Frederick Co. Md.16. Informant Emergency Hopt. Records

Address

17. Burial Date thereof Aug. 18 '48
(Burial, cremation, or removal, which) (month) (day) (year)Cemetery or crematory Montene Cem.Location Frederick Co. Maryland18. Funeral director G. M. Wachter SuptAddress Montene, Frederick Co. Md.19. 18 - Aug 19 48 Elizabeth L. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 17 19 48 at 3:40 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug. 10 19 48 to Aug. 17 19 48
and that I last saw him alive on Aug. 17 19 48

Immediate cause of death

Tetanus

DURATION

1 day

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Bernard Herman M.D. M. D. or otherAddress Frederick, Md. Date signed 8/17/48

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE OF MASSACHUSETTS
DEPARTMENT OF HEALTH

MASSACHUSETTS DEPARTMENT OF HEALTH

RECEIVED
AUG 21 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 131

08370

93d

1. PLACE OF DEATH:

County Frederick
 City or town Frederick-Rural R. F. D. #5
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 32 Years

Hospital, institution, or street address where death occurred:
Near Braddock Heights

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick-Rural R. F. D. #5
 (If outside city or town limits, write RURAL and give nearest town)

Street No. Near Braddock Heights

(If rural, give LOCATION)
None

2.(a) If veteran, name war

3. (a) FULL NAME

ELIZA ANN HOUSE

3. (b) Social Security Number

None

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced W

6. (b) Name of husband or wife William W. House

7. Birth date of deceased (mo., day, yr.) August 30, 1863 6. (c) If alive, give age years

8. AGE: Years 84 Months 11 Days 6 If less than one day hrs. min.

9. Birthplace Burkittsville-Frederick-Maryland
 (Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name James Fauble
 13. Birthplace Frederick County Maryland

14. Maiden name Ann Hahn
 15. Birthplace Washington County Maryland

16. Informant Mrs. Daisy M. Coblentz
 Address R. F. D. #5, Frederick, Maryland

17. Burial Date thereof 8/8/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Locust Valley Cemetery
 Location Near Middletown, Maryland

18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

19. 6 Aug 1948 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 6th 19 48 at 12:30A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 3/30 19 48 to Aug. 6 19 48

and that I last saw her alive on August 5, 1948 19 48

Immediate cause of death

Chr. Myocarditis

DURATION
18 yrs

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

.....Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE.....

Jim Baxter M. D.
Frederick, Maryland M. D. or other
 Address..... Date signed 8-6-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 9 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 13L

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?
Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Md. County Frederick
City or town Rural Middletown
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Rodney J. Huffer

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, divorced married

8. (b) Name of husband or wife Alma A. Huffer

8. (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) April 12, 1895

8. AGE: Years 53 Months 4 Days 16 If less than one day _____ hrs. _____ min.

9. Birthplace Middletown Fredk. Co. Md.
(Town, county, and state)

10. Usual occupation Day laborer

11. Industry or business State Road

12. Name D. Carlton Huffer

13. Birthplace Middletown Md.

14. Maiden name Emma Jones

15. Birthplace Middletown, Md.

16. Informant Mrs. Alma Huffer

Address Middletown Md.

17. Burial Date thereof Aug. 30, 1948
(Burial, cremation, or other) (month) (day) (year)

Cemetery or place of interment Lutheran Cem.

Location Middletown, Md.

18. Funeral director Bladhill Co.

Address Middletown, Md.

19. 30 Aug 1948 Elizabeth G. Heck. Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 28 1948 at 3:48 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 30 1948 to Aug 28 1948

and that I last saw him alive on Aug 27 1948

Immediate cause of death _____ DURATION _____

Due to Probable glioma of Spinal Cord 30 days

Due to _____

Other conditions Probable Pulmonary embolus 3 hrs.
(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Manner of injury _____ Injured at work? _____

23. SIGNATURE J. E. Harp Md.
Address Middletown Date signed 8-30-48

M. D. or other _____

MARGIN RESERVED FOR BINDING

VS A15 9-43-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

PLACE OF DEATH

DATE OF DEATH



THIS CERTIFICATE IS TO BE FILLED OUT BY THE PHYSICIAN OR OTHER PERSON HAVING KNOWLEDGE OF THE CAUSE OF DEATH. IT IS TO BE FILED IN THE DEPARTMENT OF HEALTH, BALTIMORE, MARYLAND. THE DEPARTMENT OF HEALTH, BALTIMORE, MARYLAND, WILL BE RESPONSIBLE FOR THE CORRECTNESS OF THE INFORMATION CONTAINED HEREIN.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? Since August 4, 1948

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick

(If outside city or town limits, write RURAL and give nearest town)

Street No. 511 Klineharts Street

(If rural, give LOCATION)

2. (a) If veteran, name war None

3. (a) FULL NAME

DAISY LOUISE JOHNSON

3. (b) Social Security Number

214-10-2261

4. Sex

F

5. Color or race

C6. (a) ~~Single, married, widowed, or divorced~~W

6. (b) Name of husband or wife

Robert Johnson7. Birth date of deceased (mo., day, yr.) May 6, 1913

6. (c) If alive, give age..... years

8. AGE:

Years

Months

Days

If less than one day

3534

hrs.

min.

9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)10. Usual occupation Domestic

11. Industry or business

12. Name James E. Ambush13. Birthplace Frederick County Maryland14. Maiden name Daisy C. F. Nichlos15. Birthplace Frederick County Maryland16. Informant Mrs. Daisy AmbushAddress Motter Ave., Frederick, Md.17. Burial Date thereof 8/12/48

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Fairview CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 11 Aug 1948
(Date rec'd by registrar)Elizabeth G. Hech
Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH August 10th 1948 at 4:15A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 4 1948 to August 10 1948and that I last saw him alive on August 9 1948

Immediate cause of death

Cirrhosis of liver

DURATION

?Due to Chronic alcoholism10 yrs.

Due to

Other conditions Tapic myocarditis2 weeksdue to alcoholism
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. -

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Arthur F. Woodward M. D.
Frederick, Maryland

M. D. or other

Address 8-10-48
Date signed

MARGIN RESERVED FOR BINDING

VS-A15 9-45-15M

VS-A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

08372

124a

RECEIVED

AUG 14 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH NON-FADING INK. Supply every item of information carefully. Give correct age especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08373
Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

Since 8/5/48

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Virginia County LoudounCity or town Lovettsville
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Linnie E. Kalb

3. (b) Social Security Number

None

4. Sex

F

5. Color or race

W

6. (a) Single, married, widowed, or divorced

W

6. (b) Name of husband or wife

John Kalb

7. Birth date of deceased (mo., day, yr.)

Unknown 1872

6. (c) If alive, give age _____ years

8. AGE:

76

Years

Months

Days

It less than one day

hrs.

min.

9. Birthplace

Loudoun County Virginia
(Town, county, and state)

10. Usual occupation

at home

11. Industry or business

MOTHER FATHER

12. Name

Daniel Kalb

13. Birthplace

Virginia

14. Maiden name

A. Summers

15. Birthplace

Virginia

16. Informant

Mrs. Dorothy Arye

Address

Lovettsville, Va

17.

Burial

Date thereof

9/2/48
(month) (day) (year)

Cemetery or crematory

Not a final cemetery

Location

M. Lovettsville, Md

18. Funeral director

M. R. Etchison

Address

Frederick, Md.

19.

31-Aug 1948

(Date rec'd by registrar)

Elizabeth V. Heck

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 30, 1948 at 10:50 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him alive on Aug 30, 1948

Immediate cause of death

Fracture of hip

Due to

General debility

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Accident

Date of

7/30/48

Where did injury occur?

Lovettsville

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Home

Means of Injury

Fall

Injured at work?

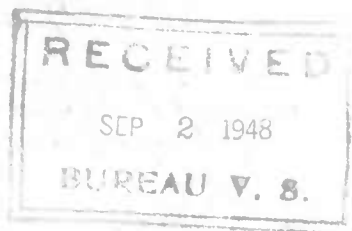
23. SIGNATURE

R. W. Baer

Address

Frederick, MdDate signed 8-31-48DR. R. W. BAER
DEPUTY MEDICAL EXAMINER

1948
76
1872



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 138

1. PLACE OF DEATH:

County Montgomery FrederickCity or town Rural - Kemptown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 Years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?:

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery Fried'sCity or town Rural - Kemptown

(If outside city or town limits, write RURAL and give nearest town)

Street No.:

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

GERTRUDE KEENEY

3. (b) Social Security Number

None

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband or wife Howard Lee Keeney6. (c) If alive, give age 62 years7. Birth date of deceased (mo., day, yr.) March 24, 18838. AGE: Years 65 Months 5 Days 3 It less than one day _____ hrs. _____ min.9. Birthplace Liberty, Frederick County, Md.
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name George W. Young13. Birthplace Liberty, Maryland14. Maiden name Laura Smith15. Birthplace Liberty, Maryland16. Informant Mr. Howard KeeneyAddress Nr. Kemptown, Maryland17. Burial Date thereof August 30, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Providence Methodist Church CemeteryLocation Kemptown, Maryland18. Funeral director C. E. Cline & SonAddress Frederick, Maryland19. 28-Aug-48 Raymond J. Day
(Date rec'd by registrar) (Signature) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 27th 19 48 at 3:15 A. M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 25 19 48, to Aug 27 19 48, and that I last saw him alive on Aug 25 19 48Immediate cause of death Cerebral Hemorrhage DURATION 8/25Due to Arterio Sclerosis

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. J. H. Paele M. D.Address 111 W. 1st St. Date signed 8/28/48

RECEIVED

OCT 11 1948

BUREAU V. S.

Van Gorder

08375

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

932

CERTIFICATE OF DEATH

Reg. Dist. No. 145

1. PLACE OF DEATH:

County... FrederickCity or town... Rural Myersville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Md. County... FrederickCity or town... Rural Myersville
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, same war.

3. (a) FULL NAME

Annie C. Lewis

3. (b) Social Security Number

4. Sex

female

5. Color or race

white

6. (a) Single, married, widowed, or divorced

widowed6. (b) Name of husband Edward T. Lewis

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3, 18538. AGE: Years 65 Months 3 Days 23 If less than one day
..... hrs. min.9. Birthplace Mt. Zion Wash. C., Md.
(Town, county, and state)10. Usual occupation housewife

11. Industry or business

12. Name Daniel Jones13. Birthplace Mt. Zion, Md.14. Maiden name Virginia Brown15. Birthplace Mt. Zion, Md.16. Informant Mrs. Carrie MichaelAddress Myersville, Md.17. Burial Date thereof Aug. 29, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory W. B. CemeteryLocation Myersville, Md.18. Funeral director Hadhill Co.Address Middletown19. Aug 29 19 48 Edgar Bitts
(Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 26 19 48 at 1:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 19 48 to July 20 19 48and that I last saw her alive on July 20 19 48

Immediate cause of death..... DURATION

Myocarditis 5 moDue to inflammation of heartmuscleOther condition Atherosclerosis 4 yrs

(Include pregnancy within 6 months of death)

Major findings of operations..... Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE Thomas (Mother) noAddress Brunswick Md. Date signed 8-28-48

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

VS A15

T

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

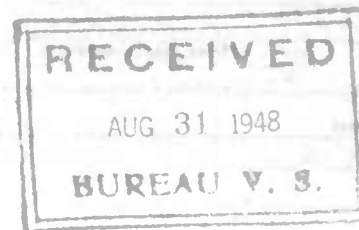
MARYLAND STATE DEPARTMENT OF HEALTH

1911 to 1912

CERTIFICATE OF DEATH

PLACE OF DEATH

DATE OF DEATH



RECEIVED

AUG 31 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:

County Frederick
City or town Rocky Ridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lifetime
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Rocky Ridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. —
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Alice Elizabeth Loy

3. (b) Social Security Number

211

4. Sex Female 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
6. (b) Name of husband or wife John W. Loy
7. Birth date of deceased (mo., day, yr.) March 9, 1869 6. (c) If alive, give age — years
8. AGE: Years 79 Months 5 Days 3 If less than one day — hrs. — min.

9. Birthplace Emmitsburg, Frederick Co., Md.
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

12. Name Jesse N. Mumma

13. Birthplace Baltimore, Md.

14. Maiden name Susan E. Sheehy

15. Birthplace Emmitsburg, Md.

16. Informant Mrs. Charles Mumma

Address Rocky Ridge, Md.

17. Burial (Burial, cremation, or removal, Which?) Burial Date thereof Aug. 14, 1948
(month) (day) (year)

Cemetery or crematory United Brethren

Location Thurmont, Md.

18. Funeral director M. L. Cresque & Son

Address Thurmont, Md.

19. Aug. 14 19 48 Blanche S. Eyles
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 12 19 48 at 1 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 21 19 48 to August 12 19 48

and that I last saw him alive on August 10 19 48

Immediate cause of death

Chronic myocarditis

Due to

Due to

Other conditions Atherosclerosis

(Include pregnancy within 8 months of death)

Major findings of operations none

Autopsy results not done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. Franklin Birch

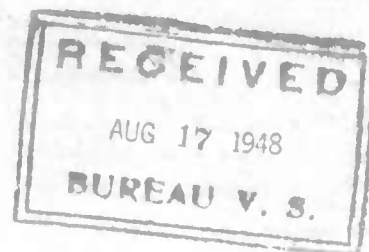
Address Thurmont, Md. Date signed 8/13/48

MARGIN RESERVED FOR BINDING

I

VS A15 45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Give correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 140

1. PLACE OF DEATH:

County Frederick
 City or town near Ladiesburg
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 5 yrs
 Hospital, institution, or street address where death occurred: —
 How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Md. County Frederick
 City or town near Ladiesburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Rural, Seymar
 (If rural, give LOCATION)
 2.(a) If veteran, name war —

3. (a) FULL NAME

Annie Elizabeth Long

3. (b) Social Security Number

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced Widow
 6. (b) Name of husband or wife Harry B Long
 7. Birth date of deceased (mo., day, yr.) Oct. 5, 1870 6. (c) If alive, give age — years
 8. AGE: Years 77 Months 10 Days 26 If less than one day — hrs. — min.

8. Birthplace Frederick Co. Md.
 (Town, county, and state)
 10. Usual occupation House wife
 11. Industry or business Own home
 12. Name unknown
 13. Birthplace unknown
 14. Maiden name unknown
 15. Birthplace unknown

16. Informant Mrs. Charles Otto
 Address Seymar, Md.
 17. Burial Date thereof Sept 3, 1948
 (Burial, cremation, or removal, which?) (month) (day) (year)
 Cemetery or crematory Wt Hope
 Location Woodsboro Md
 18. Funeral director Burke, Hartzler
 Address Woodsboro, Md.
 19. Sept 2 19 48 L. C. Powell
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 31 19 48 at 4 P. M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Apr 1 19 48 to Aug 31 19 48
 and that I last saw him alive on Aug 30 19 48
 Immediate cause of death Carcinoma stomach

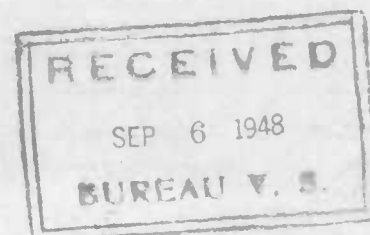
DURATION
 Due to —
 Due to —
 Other conditions —
 (Include pregnancy within 3 months of death)

Major findings of operations — Date of op. —

Autopsy results —
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide — Date of —
 Where did injury occur? — (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) —
 Means of injury — Injured at work? —

23. SIGNATURE J. E. Costaday
 M. D. or other —
 Address Woodsboro, Md. Date signed Aug 31, 48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlea St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

08378

94b

134

1. PLACE OF DEATH:

County Frederick
City or town Near Harney
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 25 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Rural Harney
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

Jacob M. Miller

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Harriet Miller

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April - 1869

8. AGE: Years 79 Months 4 Days ? If less than one day hrs. min.

9. Birthplace Pennas
(Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business Own Shop

12. Name John Miller

13. Birthplace Pennas

14. Maiden name Unknown

15. Birthplace Unknown

16. Informant William L. Miller

Address Harrisburg, Pa.

17. Burial Date thereof Aug 25, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Lutheran Cemetery

Location Harney, Maryland

18. Funeral director C. D. Guss, Son

Address Taneytown, Maryland

19. Aug 24 19 48 M. F. Shuff
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 22nd 19 48 at 12 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 16th 19 48 to August 22nd 19 48

and that I last saw him alive on August 21st 19 48

Immediate cause of death Angina Pectoris

DURATION 2 weeks

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

Signature L. M. Bennett M.D.

23. SIGNATURE M. D. or other

Address Taneytown, Maryland Date signed August 23rd

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08373

Reg. Dist. No. 141

1. PLACE OF DEATH: *Indirect*
 County.....
 City or town.....*Bell's Mill, Pa.*
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?.....*3 hrs.*
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State.....*Maryland* County.....*Frederick*
 City or town.....*Buckhills*
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....*Rural*
 (If rural, give LOCATION)
 2.(a) If veteran, name war.....

3.(a) FULL NAME *Joseph Daniel Morris*

3.(b) Social Security Number

4. Sex *Male* 5. Color or race *Col.* 6.(a) Single, married, widowed, or divorced *Single*

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) *Dec 1 1898* 6.(c) If alive, give age..... years

8. AGE: Years *49* Months *8* Days *22* It less than one day..... hrs. min.

9. Birthplace.....*Maryland*
 (Town, county, and state)

10. Usual occupation.....*Laborer on farm*11. Industry or business.....*Farm.*12. Name.....*Mc Shinnis Morris*13. Birthplace.....*Maryland*14. Maiden name.....*Lucy Jane White*15. Birthplace.....*Maryland*16. Informant.....*Ambrose Morris*Address.....*Buckhills Md*17.....*Burial* Date thereof.....*Aug 26 1948*

(Burial, cremation, or removal Which?) (month) (day) (year)

Cemetery or crematory.....*St. Marys*Location.....*Potomac*18. Funeral director.....*C. H. Fitch & Son*Address.....*Brownsville Md*19.....*Aug 24 48* 19.....*Kathryn A. Brown*

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH.....*Aug 23*..... 19.....*48*..... at.....*2 P.* M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

.....*Aug 23*..... 19.....*48*.....
 and that I last saw him.....*dead*..... on.....*Aug 23*..... 19.....*48*.....

Immediate cause of death.....*Drowning*..... DURATION.....*Immediate*

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....*Accident*..... Date of.....*8-23-48*

Where did injury occur?.....*near Brunswick, Frederick Md*.....
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....*Meddle wood*Means of injury.....*Drowning*..... Injured at work?.....*no*Signature.....*R. W. Barr*.....*Deputy Med*Address.....*Frederick Md*..... Date signed.....*8-23-48*23. SIGNATURE.....*R. W. Barr*.....*Deputy Med*Address.....*Frederick Md*..... Date signed.....*8-23-48*

RECEIVED

AUG 28 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 140

1. PLACE OF DEATH:

County Frederick
 City or town Le Bore
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 10 yrs
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? _____

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Frederick
 City or town Le Bore
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex M. 5. Color or race W. 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Clara P. Ttinger

7. Birth date of deceased (mo., day, yr.) Feb. 11, 1882 6.(c) If alive, give age 70 years

8. AGE: Years 66 Months 6 Days 18 If less than one day _____ hrs. _____ min.

9. Birthplace Frederick Co. Md.
 (Town, county, and state)

10. Usual occupation Laborer11. Industry or business Farm work12. Name Clara P. Moser13. Birthplace Md.14. Maiden name Elizabeth M. Hartz15. Birthplace Md.16. Informant Mrs. Clarence P. MoserAddress Le Bore, Md.17. Burial Date thereof Sept. 1, 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory GreagerstownLocation Greagerstown Md.18. Funeral director Block & KitzlerAddress 2 Woodsboro, Md.19. Aug 21, 1948 L. E. Powell

(Date registered by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 29, 1948 at 1:30 PM21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Aug. 28, 1948 to Aug. 29, 1948and that I last saw him alive on Aug. 28, 1948Immediate cause of death Coronary Thrombosis DURATIONDue to Atherosclerosis 2 yrs.

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Dr. W. Beall, M.D.Address Libertytown Md. Date signed 8/30/48

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

SEP 3 1946

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08381

Reg. Dist. No.

1. PLACE OF DEATH:

County FredrickCity or town Emmitsburg
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 16 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Mrs. Ida Mae Nester4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife G. L. Nester

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Jan 25, 18808. AGE: Years 68 Months 6 Days 23 If less than one day _____ hrs. _____ min.9. Birthplace Va
(Town, county, and state)10. Usual occupation Housewife

11. Industry or business

12. Name Daniel K. Minnick13. Birthplace Va14. Maiden name Mary W. Riley15. Birthplace Tenn16. Informant J. L. NesterAddress Emmitsburg, Md17. Burial Date thereof 8/19/48
(Burial, cremation, or removal. Which?) month (day) (year)Cemetery or crematory Mountain ViewLocation Emmitsburg, Md18. Funeral director Ed JussAddress Langetown, Md19. Aug 18 1948 M. F. Shuff
(Date by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FredrickCity or town Emmitsburg
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH August 17 1948 at 2nd M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 23 1948 to Aug 17 1948and that I last saw her alive on Aug 15 1948

Immediate cause of death _____

DURATION 3 1/2 mosDue to Fracture of rt. hipDue to Accidental fall

Other conditions _____

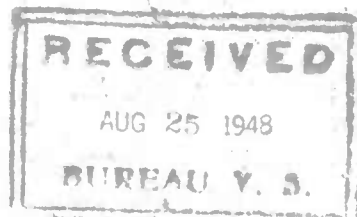
(Include pregnancy within 3 months of death)

Major findings of operations Fracture of surgical neck of rt. femurDate of op. Apr 28Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of Apr 23-48Where did injury occur? Emmitsburg Fredrick Md
(City or town) (County) (State)Injured at home, farm, industry, public place (where)? At homeMeans of injury Fell on floor Injured at work? no23. SIGNATURE James K. Gray M.D.Address Frederick Md M. D. or otherDate signed 8/17/48



69
52-8-8461
18861

52-8-8461
18861

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 24 hours
 Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
 How long in hospital or institution? 24 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Washington
 City or town Pharmington
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2. (a) If veteran, name war _____ ✓

3. (a) FULL NAME

Vincent Perry
Baldwin Nokes
 4. Sex Male 5. Color of face white 6. (a) Single, married, widowed, or divorced Single

3. (b) Social Security Number

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) Aug 25 1948
 6. (c) If alive, give age _____ years

8. AGE: Years _____ Months _____ Days _____ If less than one day 24 hrs. _____ min.

9. Birthplace Maryland Fairfax County
 (Town, county, and state)

10. Usual occupation none

11. Industry or business none

12. Name James A. Nokes

13. Birthplace Maryland

14. Maiden name Emily E. Vito

15. Birthplace Maryland

16. Informant James A. Nokes

Address Pharmington Md.

17. Funeral Date thereof Aug 27 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Brethorne

Location Brownsville Md.

18. Funeral director E. H. Felt + Son

Address Brownsville Md.

19. 26-Aug-1948 19 _____
 (Date rec'd by registrar)

Elizabeth S. Turk
 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 25- 1948 at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 24- 1948 to Aug 25- 1948
 and that I last saw him alive on Aug 25- 1948

Immediate cause of death _____

Premature birth (6 mos.)
 Due to Placenta praevia

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

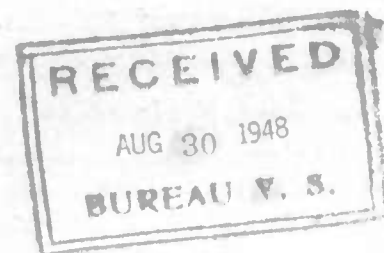
Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Byron D. White, M.D.
 M. D. or other _____

Address Frederick Md. Date signed 8/27/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FREDERICKCity or town FREDERICK
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 2 mos

Hospital, institution, or street address where death occurred:

1312 N. Market St

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County WashingtonCity or town HAGERSTOWN
(If outside city or town limits, write RURAL and give nearest town)Street No. 113 E HILL ST. Rd.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

George Howard Norris Jr.

3. (b) Social Security Number

212-05-0850

4. Sex

MALE

5. Color or race

WHITE

6. (a) Single, married, widowed, or divorced

Widowed6. (b) Name of husband or wife Grace V. Norris

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 23 18968. AGE: Years 52 Months 1 Days 17 hrs. min.9. Birthplace Frederick, Frederick Co. Md.
(Town, county, and state)10. Usual occupation Cable Splicer11. Industry or business C & P Telephones12. Name Howard Norris13. Birthplace Frederick Md.14. Maiden name Katherine Baumgardner15. Birthplace Frederick Md.16. Informant George H. Norris Jr.Address 1312 N Market St. Frederick17. Burial Date thereof Aug 21 1948
(Burial, cremation, or removal, which) (month) (day) (year)Cemetery or crematory Rest Haven CemeteryLocation HAGERSTOWN Md.18. Funeral director Sam Suter & SonsAddress HAGERSTOWN Md19. 19 Aug 1948 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 19 AUGUST 1948 at 8:00 A. M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 14 JUNE 1948 to 19 AUGUST 1948
and that I last saw him alive on AUGUST 18 1948

Immediate cause of death

MALIGNANCY IN MEDIASTINUM
(TYPE UNKNOWN) (Cause)

DURATION

3 mos

Due to

Due to

Other conditions METASTASES TO BRAIN2 mos

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

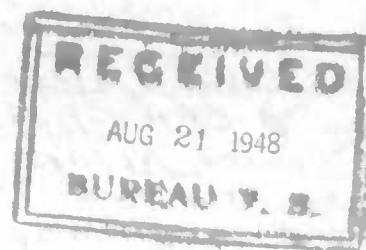
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles H. Conley Jr. M.D.Address Frederick, Md. Date signed 8/19/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Indicate correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlea St., Baltimore

CERTIFICATE OF DEATH

08384

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

121 West Patrick Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 121 West Patrick Street

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (a) FULL NAME

THOMAS MARTIN PLUNKETT

3. (b) Social Security Number

4. Sex <u>M</u>	5. Color or race <u>W</u>	6.(a) Single, married, widowed, or divorced <u>W</u>
--------------------	------------------------------	---

6.(b) Name of husband or wife Anna Herrick

6.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) September 30, 1865

8. AGE:	Years	Months	Days	If less than one day
	<u>82</u>	<u>10</u>	<u>11</u>	_____ hrs. _____ min.

9. Birthplace Bellsville, Canada
(Town, county, and state)10. Usual occupation Retired

11. Industry or business

12. Name Robert G. Plunkett13. Birthplace England14. Maiden name Jennie Ackisken15. Birthplace Ireland16. Informant Mrs. Samuel H. EppleyAddress 121 W. Patrick St., Frederick, Md.17. Cremation Date thereof 8/14/48
(Burial, cremation, or removal, which?) (month) (day) (year)Burial or crematory Fort Lincoln CrematoryLocation Washington, D. C.18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 13 Aug 1948 Elizabeth B. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 11, 1948 at 8:20A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 15, 1947 to Aug 11, 1948
and that I last saw him alive on Aug 10, 1948

Immediate cause of death _____ DURATION

Chronic Myocarditis 2 yrs +

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

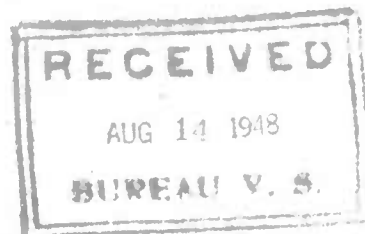
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of Injury _____ Injured at work? _____

23. SIGNATURE B. D. Thomas M. D.
_____ M. D. or otherAddress Frederick, Maryland Date signed 8-12-48



RECEIVED

AUG 14 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 145-

1. PLACE OF DEATH:

County FrederickCity or town Myersville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 6.5 years

Hospital, institution, or street address where death occurred

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Myersville
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2.(a) If veteran, name war None

3. (a) FULL NAME

Laura E. Elizabeth Poffenberger

3. (b) Social Security Number

None4. Sex Female5. Color or race White6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife John J. Poffenberger

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) January 27, 18558. AGE: Years 93 Months 6 Days 25 If less than one day _____ hrs. _____ min.9. Birthplace Myersville, Fred Co. Md.
(Town, county, and state)10. Usual occupation Retired Domestic11. Industry or business Own Home12. Name Joseph Hays13. Birthplace Maryland14. Maiden name Mary Kesseling15. Birthplace Maryland16. Informant Mrs. H. B. WichterAddress Myersville, Md.17. Burial Date thereof Aug 25, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory St. Paul's LutheranLocation Myersville, Md.18. Funeral director Paul J. BittelAddress Myersville, Md.19. Aug 25 - 1948 (Date rec'd by registrar)Registrar Paul J. Bittel

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 22 1948 at 5:45 P.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 22 1948 to Aug 22 1948and that I last saw her alive on Aug 22 1948

Immediate cause of death _____ DURATION _____

Due to Cerebral ArteriosclerosisDue to Generalized Arteriosclerosis

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. Hays M.D. or other _____Address Myersville Date signed Aug 24 48

RECEIVED

AUG 27 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08385

131

Reg. Dist. No.

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

34 South Bentz Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn Infants give residence of mother)

State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 34 South Bentz Street
 (If rural, give LOCATION)
None

2.(a) If veteran, name war

3. (a) FULL NAME

BESSIE VIRGINIA RAGLAND

3. (b) Social Security Number

None

4. Sex F 5. Color or race C 6. (a) Single, married, widowed, or divorced W

6. (b) Name of husband or wife Charles Ragland

7. Birth date of deceased (mo., day, yr.) June 10, 1882
 6. (c) If alive, give age years

8. AGE: Years 66 Months 2 Days 12 If less than one day
 hrs. min.

9. Birthplace Frederick County Maryland
 (Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name Bradley Bowie13. Birthplace Frederick County Maryland14. Maiden name Lizzie Chase15. Birthplace Frederick County Maryland16. Informant Mrs. Arthur SnowdenAddress Frederick, Maryland

17. Burial Date thereof 8/25/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Fairview CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland

19. 24 August 19 48 Elizabeth G. Sheeh
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 22, 1948 at 11:45A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 22 19 48 to Aug 22 19 48
 and that I last saw him alive on Aug 21 19 48

Immediate cause of death Cirrhosis of Stomach
 DURATION 6 months

Due to

Due to Acute Stomach

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE F. H. Hedge M. D.
Frederick, Maryland M. D. or other

Address Date signed 8-23-48

RECEIVED

AUG 26 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 134

1. PLACE OF DEATH:

County Fredrick
 City or town Rural, Taneytown R.D.#2
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FredrickCity or town Rural, Taneytown R.D.#2
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3.(a) FULL NAME

George Anthony Reeve

3.(b) Social Security Number

4. Sex m 5. Color or race white 6.(a) Single, married, widowed, or divorced Widower

6.(b) Name of husband or wife Mary Elizabeth Currens7. Birth date of deceased (mo., day, yr.) May 5, 1850

8. AGE: Years 98 Months 3 Days 8 If less than one day _____ hrs. _____ min.

9. Birthplace Fredrick Co., Md.
(Town, county, and state)10. Usual occupation Farmer

11. Industry or business

12. Name James H. Reeve13. Birthplace Unknown14. Maiden name Margaret Ann Rose15. Birthplace Maryland16. Informant John M. ReeveAddress Taneytown Md, R.D.#217. burial Date thereof August 17, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory EvergreenLocation Gettysburg, Pa.18. Funeral director A. L. AllisonAddress Emmitsburg, Md.19. Aug 14, 48 M. F. Shuff

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 13 48 at 7:00 PM21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1946 to Aug 13 48and that I last saw him alive on Aug 12 48Immediate cause of death Arteriosclerotic DURATION Renal
cardiac vas. disease years.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE W. R. Odeh M.D. M. D. or other 8-14-48

Address _____ Date signed _____

RECEIVED

AUG 25 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlea St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick Co.
 City or town Frederick Memorial Hospital
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
 How long in hospital or institution? 31 days - 13 hrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Montgomery
 City or town Silver Spring
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. P.O. Box
 (If rural, give LOCATION)
 2(a) If veteran, name war ✓

3. (a) FULL NAME

Baby Boy Rhea

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced —
 6. (b) Name of husband or wife —
 6. (c) If alive, give age — years
 7. Birth date of deceased (mo., day, yr.) August 14 - 1948
 8. AGE: Years 0 Months 0 Days 1 If less than one day 13 hrs. 5 min.

9. Birthplace Frederick Memorial Hospital
 (Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Robert Rhea Rhea
 13. Birthplace Tenn
 14. Maiden name Ronnie Seals
 15. Birthplace Tenn

16. Informant Robert Rhea
 Address Silver Spring Md
 17. Burial Date thereof Aug 17 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Home Farm Cemetery
 Location Mr. Seals Farm Montgomery Co. Md.

18. Funeral director Prof. W. Barber
 Address Gettysville Md

19. 16 Aug 1948 Elizabeth Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 16 19 48 at 5:00 A.M.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 14 19 48 to August 16 19 48
 and that I last saw him EP alive on August 15 19 48
 Immediate cause of death Bilateral pneumonia

Due to Prematurity
 Due to —
 Other conditions —
 (Include pregnancy within 3 months of death)

Major findings of operations — Date of op. —
 Autopsy results —
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide — Date of —
 Where did injury occur? — (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) —
 Means of injury — Injured at work? —

23. SIGNATURE James P. Kern M.D.
 Address Orhassan Md. M. D. or other —
 Date signed 7/16/48

MARGIN RESERVED FOR BINDING

VS A45 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 18 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlea St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Walkersville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County FrederickCity or town Walkersville
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Laura Ricketts

3. (b) Social Security Number

4. Sex

F

5. Color or race

colored

6. (a) Single, married, widowed, or divorced

widowed

6. (b) Name of husband or wife

Eli Ricketts

7. Birth date of deceased (mo., day, yr.)

June 6, 1876

8. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

It less than one day

7227

_____ hrs.

_____ min.

9. Birthplace

Frederick Co
(Town, county, and state)

10. Usual occupation

School teacher

11. Industry or business

FATHER

12. Name

William Costley

13. Birthplace

Frederick Co

MOTHER

14. Maiden name

Don't Know

15. Birthplace

Don't Know

16. Informant

Warrington Ricketts

Address

Walkersville

17.

(Burial, cremation, or removal. When?)

Date thereof

Aug. 16, 1948
(month) (day) (year)

Cemetery or crematory

Methodist Cemetery

Location

W. Mt. Pleasant

18. Funeral director

F. C. Barton

Address

Walkersville

19.

(Date rec'd by registrar)

14 Aug 1948Elizabeth G. Heck
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 13 1948, at 1P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 1 1948 to Aug 13 1948
and that I last saw her alive on Aug 12 1948

Immediate cause of death

apoplexy

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury

Injured at work?

23. SIGNATURE

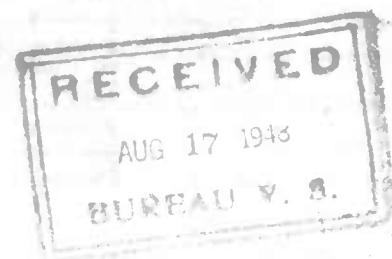
Samuel E. Foster Day
Walkersville, MD Date signed Aug 13, 1948
M. D. or other

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 134

1. PLACE OF DEATH

County Frederick
 City or town Emmitsburg, Md.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? immediate
 Hospital, institution, or street address where death occurred:
Rural 3 miles East-

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Penn County Franklin
 City or town Chambersburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 246 South Main St.
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Robert G. Robinson

3. (b) Social Security Number

203-20-1385

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Married6. (b) Name of husband or wife Helen B. Robinson7. Birth date of deceased (mo., day, yr.) Sept. 12, 19288. AGE: Years 19 Months 10 Days 24 If less than one day hrs. min.9. Birthplace Wynnebora, Penna
(Town, county, and state)10. Usual occupation Survey Clerk11. Industry or business Green Mt Food Market12. Name William R. Robinson13. Birthplace Longview City New York14. Maiden name Stella Stevens15. Birthplace Wynnebora Pa16. Informant Helen B. RobinsonAddress 246 South Main St. Chambersburg17. Burial Date thereof Aug 22 1948

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory LincolnLocation Franklin County Pa18. Funeral director Robert J. SellenAddress Chambersburg Pa19. Aug 5 19 48 M. R. Shuff

(Date read by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 5 19 48 at 7:25 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19 to 19
 and that I last saw him live on Aug 5 19 48

Immediate cause of death Fracture of skullCrushed injuries toChestDue to Immediate

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of Aug 5, 48Where did injury occur East of Emmitsburg, Frederick, Md

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Route 32Means of injury auto Injured at work? yes23. SIGNATURE P. W. Barr Ex.Address Frederick Md M. D. or otherDate signed 8-5-48

RECEIVED

AUG 11 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH 83a

08391

Reg. Dist. No. 131

1. PLACE OF DEATH:

County FrederickCity or town Frederick, Maryland
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 24 days

Hospital, institution, or street address where death occurred:

Frederick Memorial HospitalHow long in hospital or institution? 24 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County FrederickCity or town Frederick
(If outside city or town limits, write RURAL and give nearest town)Street No. 7 West Third Street

(If rural, give LOCATION)

2. (a) If veteran, name war None

3. (a) FULL NAME

Schroeder, Mr. Albert ALBERT ANDREW SCHROEDER

3. (b) Social Security Number

None

4. Sex

male

5. Color of face

white

6. (a) Single, married, widowed, or divorced

married6. (b) Name of husband or wife Mrs. Elizabeth Gilson6. (c) If alive, give age 70 years7. Birth date of deceased (mo., day, yr.) November 30, 1871

8. AGE:

Years

Months

Days

If less than one day

76824

hrs. min.

9. Birthplace Frederick-Frederick-Maryland
(Town, county, and state)10. Usual occupation Retired

11. Industry or business

12. Name Frederick Schroeder13. Birthplace Germany14. Maiden name Sophia Hornig15. Birthplace Germany16. Informant Mrs. Elizabeth G. SchroederAddress 7 W. 3rd St., Frederick, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 8/27/48

(month) (day) (year)

Cemetery or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland19. 26-August 19 48
(Date rec'd by registrar)Elizabeth G. Sch
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 24 19 48 at 10⁴⁵ A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug. 1 19 48 to Aug. 24 19 48and that I last saw him alive on Aug. 24 19 48

Immediate cause of death

Cerebral Hemorrhage

DURATION

2 days

Due to

Due to

Other conditions

Cardiac: Agitation 1 yr.
Brain: Cerebral Hemorrhage
(Include pregnancy within 3 months of death)

Major findings of operations

Brain: Stage 1 Supratentorial Date of op. Aug. 4, 48

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

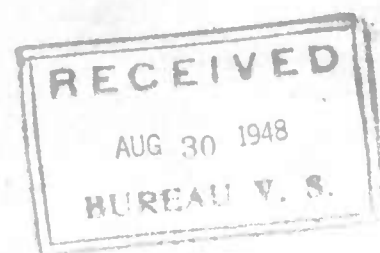
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

A. A. O'Connell, M.D. M. D. or other
Frederick, Md. Date signed 8/28/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

130

08392

Reg. Diat. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 151 West Patrick Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

MARGARET ELLEN SEEGER

3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>M</u>
6. (b) Name of husband or wife <u>Charles F. Seeger</u>		
7. Birth date of deceased (mo., day, yr.) <u>December 28, 1880</u>		
6. (c) If alive, give age <u>70</u> years		
8. AGE:	Years	Months
	<u>67</u>	<u>7</u>
	Days	If less than one day
	<u>24</u>	hrs. min.

9. Birthplace Frederick County Maryland
 (Town, county, and state)

10. Usual occupation At Home

11. Industry or business

FATHER 12. Name D. Jerome Michael
 13. Birthplace Frederick County Maryland

MOTHER 14. Maiden name Eugene Michael
 15. Birthplace Frederick County Maryland

16. Informant Charles F. Seeger
 Address 151 W. Patrick St., Frederick, Md.

17. Burial Date thereof 8/24/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetary or crematory Mount Olivet CemeteryLocation Frederick, Maryland18. Funeral director M. R. Etchison and SonAddress Frederick, Maryland

19. 24 August 19 48 Elizabeth B. Hub
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 22 19 48 at 5:25P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 15 19 48 to Aug 22 19 48
 and that I last saw her alive on Aug 22 19 48

Immediate cause of death

Acute nephritis

Due to

Due to

Other conditions

Myocarditis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury injured at work?

23. SIGNATURE E. P. Thomas M. D.Address Frederick, Maryland M. D. or otherDate signed 8-23-48

RECEIVED

AUG 26 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick, Maryland
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? one day
 Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital
 How long in hospital or institution? One day

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Carroll
 City or town Union Bridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2(a) If veteran, name war _____

3. (a) FULL NAME

Mr. Charles E. Selby

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Mrs. Margaret Selby
 7. Birth date of deceased (mo., day, yr.) Jan 21 - 1881
 8. (c) If alive, give age _____ years

8. AGE: Years 67 Months 6 Days 27 If less than one day _____ hrs. _____ min.

9. Birthplace Maryland
 (Town, county, and state)

10. Usual occupation Retired

11. Industry or business _____

12. Name Noah Selby
 13. Birthplace Maryland
 14. Maiden name Ella Selby
 15. Birthplace Maryland

16. Informant Margaret W. Selby
 Address Union Bridge, Md

17. Burial Date thereof Aug 18 - 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Lutheran Cemetery
 Location Uniontown, Md

18. Funeral director W D Hartzler & Sons
 Address Union Bridge New Windsor, Md

19. Aug 17 19 48 Elizabeth G. Hech
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 16 19 48 at 10:38 A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Aug 17 19 48 to Aug 16 19 48
 and that I last saw him live on Aug 16 19 48

Immediate cause of death Coronary Artery DURATION Aug 14

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE J. H. Mason M. D. or other _____

Address Union Bridge Date signed Aug 17

RECEIVED

AUG 21 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

8 Wisner Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 8 Wisner Street

(If rural, give LOCATION)

2.(a) If veteran, name war

None

3. (a) FULL NAME

VIOLA VIRGINIA SHANK

3. (b) Social Security Number

214-10-2932

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced W

6.(b) Name of husband or wife Harrison F. Shank

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) August 12, 1878

8. AGE: Years 70 Months 0 Days 1 If less than one day
..... hrs. min.

9. Birthplace New Market-Frederick-Maryland
(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name James Killion

13. Birthplace Frederick County Maryland

14. Maiden name Mary M. Bell

15. Birthplace Frederick County Maryland

16. Informant Harry M. Shank

Address Wisner St., Frederick, Maryland

17. Burial Date thereof 8/16/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 14 Aug 48 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 13th 1948 at 12:25P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 45 to Aug 13 48
and that I last saw him alive on August 12 1948

Immediate cause of death Carcinoma Right
Maxillary Antrum
Due to metastasis to brain

DURATION

Byers
8+

Due to.....
Due to.....
Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

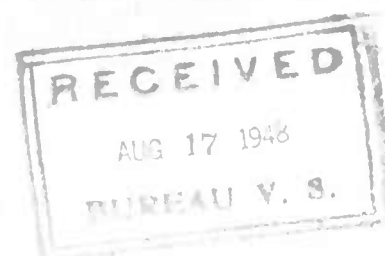
23. SIGNATURE Brown W. Ash M.D.
Frederick Md M. D. Address 8-14-48
Date signed

MARGIN RESERVED FOR BINDING

I

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Emergency Hospital, Dual
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 mo.
Hospital, institution, or street address where death occurred:

How long in hospital or institution? 63 days

3. (a) FULL NAME

Nancy See Sirk
Sex Female Color or race white 6. (a) Single, married, widowed, or divorced child

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.) June 6 1948

8. AGE: Years 2 Months 3 Days - If less than one day - hrs. - min.

9. Birthplace Emergency Hospital, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Arthur Sirk

13. Birthplace Virginia

14. Maiden name Catherine Spickler

15. Birthplace Frederick County

16. Informant Arthur Sirk

Address Woodboro Md

17. (Burial, cremation, or removal, which?) Burial Date thereof Aug 10 1948
(month) (day) (year)

Cemetery or crematory Oak Hill

Location in the house

18. Funeral director G. P. Barton

Address Walpersville

19. 10 Aug 1948 Elizabeth G. Heale
(Date rec'd by registrar) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State MD County Frederick
City or town Rural Woodboro Md
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2. (a) If veteran, name war _____

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 9, 1948 at 12:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 6 1948, to Aug. 9 1948
and that I last saw her alive on Aug. 8 1948

Immediate cause of death Congenital heart disease
DURATION 2 months

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Bernard Thomas, M.D. M. D. or other _____

Address Frederick, Md. Date signed Aug. 9, 1948

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

08395

1572

CERTIFICATE OF DEATH

THIS CERTIFICATE IS TO BE FILLED OUT BY THE PHYSICIAN OR OTHER PERSON HAVING KNOWLEDGE OF THE CAUSE OF DEATH.

STATE OF MARYLAND

MILKING DISTRICT

RECEIVED

AUG 12 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

08396

83a

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Frederick Memorial Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Frederick
City or town Myersville
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Heuler A. Smith

3. (b) Social Security Number

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Reta R. Smith7. Birth date of deceased (mo., day, yr.) Aug 21 1887 8. (c) If alive, give age 59 years8. AGE: Years 61 Months 7 Days 7 If less than one day _____ hrs. _____ min.9. Birthplace Myersville, Frederick Co., Md.
(Town, county, and state)10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Elmer J. Smith13. Birthplace Myersville, Md.14. Maiden name Mary Block15. Birthplace Myersville, Md.16. Informant Mrs. Reta SmithAddress Myersville, Md.17. Burial Date thereof Aug. 31 1948
(Burial, cremation, or removal of body) (month) (day) (year)Cemetery or place of interment U. B. CemeteryLocation Myersville, Md.18. Funeral director Gladden Co.Address Middletown, Md.19. 31-Aug 1948 Elizabeth B. Hack
(Data rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 28 19 48 at 6:30 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw him 17 days on Aug 28 19 48Immediate cause at death cerebral hemorrhage DURATION 6 hrs.

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, pub'c place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE P. W. Bane Ex
M. D. or other _____Address Frederick, Md. Date signed Aug 30 48

MARGIN RESERVED FOR BINDING

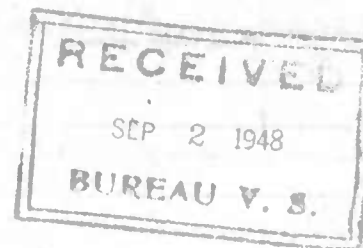
VS A15 9.45.15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE OF DEATH

PLACE OF DEATH

AGE



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

08397

CERTIFICATE OF DEATH

Reg. Dist. No. 144

1. PLACE OF DEATH:
County Frederick
City or town Thurmont-Rural R. F. D. #1
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 8 Years
Hospital, institution, or street address where death occurred:
Mountaindale
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Thurmont-Rural R. F. D. #1
(If outside city or town limits, write RURAL and give nearest town)
Street No. Mountaindale
(If rural, give LOCATION)
2.(a) If veteran, name war None

3. (a) FULL NAME
ALICE CENTOLIA SNOOTS

3. (b) Social Security Number
None

4. Sex F 5. Color or race W 6.(a) Single, married, widowed, or divorced M

6.(b) Name of husband or wife Harry C. Snoots

7. Birth date of deceased (mo., day, yr.) January 19, 1877 6.(c) If alive, give age 75 years

8. AGE: Years 71 Months 6 Days 23 If less than one day
hrs. min.

9. Birthplace Loudoun County Virginia
(Town, county, and state)
At Home

10. Usual occupation

11. Industry or business

12. Name George Davis

13. Birthplace Virginia

14. Maiden name Susan Booth

15. Birthplace Virginia

16. Informant Harry C. Snoots

Address R. F. D. #1, Thurmont, Maryland

17. Burial Date thereof 8/15/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Lutheran Cemetery

Location Creagerstown, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 14 Aug 1948 Blanche S. Eyle
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 12, 1948 at 10:45A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 25 1948 to August 12 1948
and that I last saw him alive on August 12 1948

Immediate cause of death

Chronic myocarditis

DURATION

?

Due to

Due to

Other conditions Arteriosclerosis

Chronic cholecystitis 10 yrs.
(Include pregnancy within 3 months of death)

Major findings of operations none

Date of op.

Autopsy results not done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. Franklin Bink

Address Thurmont Md Date signed 8/13/48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

AUG 17 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08398

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

5 Wisner Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 5 Wisner Street
 (If rural, give LOCATION)

2. (a) If veteran, name war

None

3. (a) FULL NAME

LILLIAN IDELLE SPEAKS

3. (b) Social Security Number

None

4. Sex <u>F</u>	5. Color or race <u>W</u>	6. (a) Single, married, widowed, or divorced <u>M</u>
6. (b) Name of husband or wife <u>Clarence F. Speaks, Sr.</u>		
6. (c) If alive, give age <u>43</u> years		
7. Birth date of deceased (mo., day, yr.) <u>October 6, 1910</u>		
8. AGE: Years <u>37</u>	Months <u>10</u>	Days <u>17</u> hrs. min.

9. Birthplace Greenfield-Frederick-Maryland
 (Town, county, and state)

10. Usual occupation At Home

11. Industry or business

12. Name Henson E. Trail
 13. Birthplace Frederick County Maryland
 14. Maiden name Ida M. Anders
 15. Birthplace Frederick County Maryland

16. Informant Clarence F. Speaks, Sr.
 Address 5 Wisner St., Frederick, Md.

17. Burial Date thereof 8/26/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Frederick Memorial Park
Frederick, Maryland

18. Funeral director M. R. Etchison and Son
Frederick, Maryland
 Address

19. 26-Aug-48 Elizabeth S. Steek
 (Date rec'd by registrar) 19 48 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 23, 1948 at 10:15A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 19 45 to Aug 23 19 48
 and that I last saw him alive on Aug 23 19 48

Immediate cause of death

Causes of action

DURATION

3 1/2

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

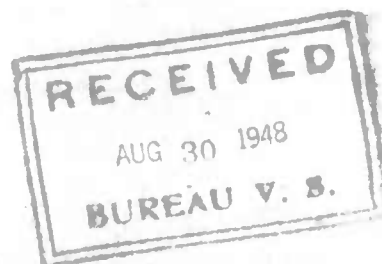
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

U. G. Bannett M. D.
Frederick, Maryland M. D. or other
 Date signed 8-24-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life
 Hospital, institution, or street address where death occurred:
132 East Street

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick
 City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 132 East Street
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

JOHN WILLIAM SUMMERS, SR.

3. (b) Social Security Number

214-10-4381

4. Sex M 5. Color or race C 6.(a) Single, married, widowed, or divorced M

6.(b) Name of husband or wife Mary E. Cartnail
 6.(c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) March 6, 1878

8. AGE: Years 70 Months 5 Days 21 If less than one day
hrs.min.

9. Birthplace Frederick-Frederick-Maryland
 (Town, county, and state)

10. Usual occupation Retired

11. Industry or business

FATHER 12. Name Samuel W. Summers

13. Birthplace Maryland

MOTHER 14. Maiden name Zenobia Barnes

15. Birthplace Virginia

16. Informant Mrs. Mary Summers

Address 132 East St., Frederick, Md.

17. Burial Date thereof 8/28/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Fairview Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 27-Aug-48 19 48 Elzabeth B. Shul
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH August 25, 1948 at 7:30P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 19 40 to 8-24-1948

and that I last saw him alive on 8-23- 19 48

Immediate cause of death

Cerebral Apoplexy
Arterio-sclerosis

Due to

Due to

Other conditions Paraplegia

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE U. E. Barnes M. D.

Address Frederick, Maryland Date signed 8-26-48

RECEIVED

AUG 30 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

08400

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
Adamstown-Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 8 Years
 Hospital, institution, or street address where death occurred:
Near Buckeystown
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Frederick
 City or town Adamstown-Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Near Buckeystown
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (a) FULL NAME

ALONZO RANDOLPH THOMAS

3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced M
 6.(b) Name of husband or wife Ollie M. Page
 6.(c) If alive, give age 46 years
 7. Birth date of deceased (mo., day, yr.) July 3, 1903
 8. AGE: Years 45 Months 1 Days 10 It less than one day
 hrs. min.

9. Birthplace Adamstown-Frederick-Maryland
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
 12. Name George B. Thomas
 13. Birthplace Frederick County Maryland
 MOTHER
 14. Maiden name Ida M. Yingling
 15. Birthplace Frederick County Maryland

16. Informant Mrs. Ollie Thomas
 Address Adamstown, Md. - Rural

17. Burial Date thereof 8/16/48
 (Burial, cremation, or removal, which?) (month) (day) (year)
 Cemetery or crematory Mount Olivet Cemetery
Frederick, Maryland
 Location

18. Funeral director M. R. Etchison and Son
 Address Frederick, Maryland

19. 16 Aug 48 Elizabeth L. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 13 19 48 at 12 Noon

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

14 1948 to 13 1948
 and that I last saw him alive on Aug 13 19 48

Immediate cause of death

Asphyxiation
Hanging

DURATION

5 min

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide suicide Date of 8-13-48
 Where did injury occur? 3 miles south of Buckeystown
 (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?) Farm barn
 Means of injury Rope Injured at work? no

23. SIGNATURE P. W. Bow Deputy Medical Examiner
Frederick, Md M. D. or other
 Address Date signed 8-13-48

RECEIVED

AUG 17 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick
City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:
Frederick Memorial Hospital

How long in hospital or institution? Several Hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick
(If outside city or town limits, write RURAL and give nearest town)

Street No. 206 West South Street

(If rural, give LOCATION)
None

2.(a) If veteran, name war

3. (a) FULL NAME

WALTER ROBERT WACHTER

3. (b) Social Security Number

220-01-0699

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced M

6.(b) Name of husband or wife Annie L. Filby

6.(c) If alive, give age 56 years

7. Birth date of deceased (mo., day, yr.) June 24, 1890

8. AGE: Years 58 Monhs 2 Days 4 It less than one day
.....hrs.min.

9. Birthplace Frederick County Maryland
(Town, county, and state)

10. Usual occupation Blacksmith

11. Industry or business

12. Name Newton E. Wachter

13. Birthplace Frederick County Maryland

14. Maiden name Saville Jane Smith

15. Birthplace Frederick County Maryland

16. Informant Mrs. Annie Wachter
Address 319 E. 2nd St., Frederick, Md.

17. Burial Date thereof 8/31/48
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetary or crematory Frederick Memorial Park

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 31-Aug 19 48 Elizabeth G. Heck
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 28 19 48 at 8:30P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 21 May 19 48 to 28 Aug 19 48
and that I last saw him alive on 28 Aug 19 48

Immediate cause of death Perforated peptic ulcer DURATION 48 hrs (?)

Due to.....

Due to.....

Other conditions Arterio-sclerotic Cardio-vascular renal disease 3 yrs (?)
(Include pregnancy within 3 months of death)

Major findings of operations..... Date of op.

Autopsy results.....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles H. Conley M. D.
Address Frederick, Maryland Date signed 8-30-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

08401

131a

RECEIVED

SEP 2 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

08402

83a

1. PLACE OF DEATH:

County Frederick
 City or town Frederick-Rural
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Emergency Hospital

How long in hospital or institution?

Since August 11, 1948

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Frederick
 (If outside city or town limits, write RURAL and give nearest town)

Street No. 508 North Bentz Street
 (If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME

SAMUEL WESTERMAN

3. (b) Social Security Number

None

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced W

6. (b) Name of husband or wife Maggie Kline
 6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) November 3, 1870

8. AGE: Years 77 Months 8 Days 28 If less than one day
 hrs. min.

9. Birthplace Unknown
 (Town, county, and state)

10. Usual occupation None

11. Industry or business

12. Name Unknown

13. Birthplace Unknown

14. Maiden name Unknown

15. Birthplace Unknown

16. Informant Emergency Hospital Records

Address Frederick, Md. - Rural

17. Burial Date thereof 9/2/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mount Olivet Cemetery

Location Frederick, Maryland

18. Funeral director M. R. Etchison and Son

Address Frederick, Maryland

19. 2 Sept 1948 Elizabeth G. Heck
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 31, 1948 at 12:30A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
21 August 1948 to 31 August 1948
 and that I last saw him alive on 30 August 1948 19.....

Immediate cause of death Cerebral hemorrhage

Due to Hypertension

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. B. Thomas, M.D. M. D. or other

Address Frederick, Md. Date signed 8/4/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

SEP 3 1948

BUREAU V. S.

Aug 11, 1948